

CLAIMS ONLY						Application Number <i>10/681433</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8	/		/		/		58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14	/		/	/	/		64					
15		/		/			65					
16		/		/			66					
17		/		/			67					
18		/		/			68					
19		/		/			69					
20		/		/			70					
21		/		/			71					
22		/		/			72					
23		/		/			73					
24		/		/			74					
25		/		/			75					
26		/		/			76					
27	/		/		/		77					
28		/		/			78					
29		/		/			79					
30		/		/			80					
31		/		/			81					
32		/		/			82					
33							83					
34							84					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4		4		4		Total Indep					
Total Depend	22	←	22	←	28	←	Total Depend					
Total Claims	32		32		32		Total Claims					